

SERFF Tracking Number:	VLIC-125832200	State:	Arkansas
Filing Company:	VantisLife Insurance Company	State Tracking Number:	40384
Company Tracking Number:	CMP SPT09 AR		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.003 Single Life - Single Premium
Product Name:	CMP SPT09 AR		
Project Name/Number:	/		

Filing at a Glance

Company: VantisLife Insurance Company

Product Name: CMP SPT09 AR

TOI: L04I Individual Life - Term

Sub-TOI: L04I.003 Single Life - Single Premium Co Tr Num: CMP SPT09 AR

Filing Type: Form

SERFF Tr Num: VLIC-125832200

SERFF Status: Closed

Co Status:

Author: Sue Hobbs

Date Submitted: 09/25/2008

State: ArkansasLH

State Tr Num: 40384

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/02/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/02/2008

State Status Changed: 10/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

In order to meet the 2001 CSO Mortality requirements effective in year 2009, enclosed please find our filing of the product shown below.

CMP SPT09 AR: Children's Term Life Insurance Policy for ages 0 to 15 years. Additional details of the product are provided in the Actuarial Memorandum.

No Illustrations will be used with this product.

<i>SERFF Tracking Number:</i>	<i>VLIC-125832200</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>VantisLife Insurance Company</i>	<i>State Tracking Number:</i>	<i>40384</i>
<i>Company Tracking Number:</i>	<i>CMP SPT09 AR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>CMP SPT09 AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Company and Contact

Filing Contact Information

Diane Maestrone, AVP Compliance	dmaestrone@vantislife.com
200 Day Hill Rd	(860) 298-6008 [Phone]
Windsor, CT 06095	(860) 298-5479[FAX]

Filing Company Information

VantisLife Insurance Company	CoCode: 68632	State of Domicile: Connecticut
200 Day Hill Road	Group Code:	Company Type:
Windsor, CT 06095	Group Name:	State ID Number:
(860) 298-6008 ext. [Phone]	FEIN Number: 06-0523876	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 fee for policy forms, including application.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
VantisLife Insurance Company	\$50.00	09/25/2008	22709171

<i>SERFF Tracking Number:</i>	<i>VLIC-125832200</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>CMP SPT09 AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/02/2008	10/02/2008

SERFF Tracking Number: *VLIC-125832200*

State: *Arkansas*

Filing Company: *VantisLife Insurance Company*

State Tracking Number: *40384*

Company Tracking Number: *CMP SPT09 AR*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.003 Single Life - Single Premium*

Product Name: *CMP SPT09 AR*

Project Name/Number: */*

Disposition

Disposition Date: 10/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>VLIC-125832200</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>VantisLife Insurance Company</i>	<i>State Tracking Number:</i>	<i>40384</i>
<i>Company Tracking Number:</i>	<i>CMP SPT09 AR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>CMP SPT09 AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Transmittal		Yes
Form	Application		Yes
Form	Policy		Yes

SERFF Tracking Number:	VLIC-125832200	State:	Arkansas
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TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.003 Single Life - Single Premium
Product Name:	CMP SPT09 AR		
Project Name/Number:	/		

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	APP 5253	Application/ Application Enrollment Form	Revised	Replaced Form #: APP 2853 04/06 Previous Filing #:	51	APP5253 AR.pdf
	CMP SPT09 AR	Policy/Cont Policy ract/Fratern al Certificate	Revised	Replaced Form #: CMP SPT AR Previous Filing #:	51	CHSPT09AR. pdf

Medical No.	<input type="checkbox"/> APP <input type="checkbox"/> DEC	AGENCY	Producer #	Branch #
	<input type="checkbox"/> W/D <input type="checkbox"/> PP		<input type="text"/>	<input type="text"/>


VANTISLIFE

VANTISLIFE INSURANCE COMPANY
200 Day Hill Road
Windsor, CT 06095
www.VANTISLIFE.com

APPLICATION FOR CHILDREN'S TERM INSURANCE (Ages 0-15)

Proposed Insured

Name	JOHN SMITH		
Home Address	123 MAIN STREET		
City	State	Zip	
ANYTOWN	AR	00000	
Social Security #	123-45-6789		
Date of Birth	Age		
01 / 01 / 98	10		
mm/dd/yr			
Sex	M <input checked="" type="checkbox"/> F <input type="checkbox"/>		
check one			
Current Height	Current Weight		
4 / 6	123		
feet/inches		lbs	

Owner Information

Name	JANE SMITH		
Home Address	123 MAIN STREET		
City	State	Zip	
ANYTOWN	AR	00000	
Phone	999-555-1212		
Relationship To Insured	MOTHER		
Social Security #	987-65-4321		

Amount of Insurance

<input type="checkbox"/> \$5,000	<input checked="" type="checkbox"/> \$10,000
----------------------------------	--

Primary Beneficiary Information

Name	JANE SMITH		
Relationship	MOTHER		
Home Address			
City	State	Zip	
Social Security #			

Contingent Beneficiary Information

Name	Relationship		
Home Address			
City	State	Zip	
Social Security #			

- Has the child ever had, been told they had, consulted with or been treated by a doctor for any: cancer; tumors; diabetes; any brain or nervous system disorder; heart disorder; any disorder of the kidney, lungs, blood, liver, congenital abnormality or any other physical or health impairment? Yes ☐ No ☒
- Within the past five years, has the child been confined in any hospital, seen a doctor for treatment, special test or consultation for any reason or presently have any impairment or illness of any kind? Yes ☐ No ☒
- Has any company ever rated, declined or postponed insurance on the child's life? Yes ☐ No ☒
- | | | | |
|--|---|----------------------|-------|
| 4a. Name of Child's Physician | PETER DOCTOR, M.D. | | |
| Address | City | State | Zip |
| 123 MAPLE STREET | ANYTOWN | AR | 00000 |
| 4b. Date Last Consulted | (mm/dd/yr) | 4c. Reason Consulted | |
| 09/01/03 | | SCHOOL PHYSICAL | |
| 4d. Was any treatment given or medication prescribed? (If yes, give details in #6) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
- Is this insurance to replace any existing insurance? ☐ Yes (Submit state required form) ☒ No
- Give full details for any "YES" answers. (Use separate sheet of paper if needed. Please sign and date).

This information supplied by me above is given to obtain insurance and is true and complete to the best of my knowledge and belief. It is understood and agreed that (I) ANY INSURANCE ISSUED IN ACCORDANCE WITH THIS APPLICATION SHALL NOT BECOME EFFECTIVE UNTIL IT IS APPROVED BY VANTISLIFE INSURANCE COMPANY. (II) THIS APPLICATION SHALL FORM A PART OF THE POLICY.

X 9/2/08
Date

X Jane Smith
Legal Signature of Parent or Legal Guardian

X
Date

X
Legal Signature of Owner (if other than parent or legal guardian)



VANTISLIFE INSURANCE COMPANY
200 Day Hill Road
Windsor, CT 06095

AUTHORIZATION: I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, or other organization, institution or person, that has any records or knowledge of this child's health, to give the Medical Director of VantisLife Insurance Company or its reinsurers any such information. This Authorization will be valid for 2 years from the date signed. I understand that I or my authorized representative have a right to receive a copy of this Authorization.

VantisLife Agent: Does sale involve replacement? ☐ Yes (Submit state required form) ☒ No

Any person who knowingly presents a false or fraudulent claim for a payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

X 9/2/08
Date

STEVEN JONES
VantisLife Agent: Print Name Here

X Jane Smith
Legal Signature of Parent or Legal Guardian

X Steven Jones
VantisLife Agent: Sign Here

Signed At: _____
CITY, STATE

Insurance products offered by VantisLife are NOT deposits, are NOT insured by the FDIC/NCUA or any other federal government agency, and are NOT obligations of, nor guaranteed by any bank or credit union.

Please make check payable to VantisLife and return with application to your VantisLife licensed representative.



VANTISLIFE INSURANCE COMPANY
200 Day Hill Road
Windsor, CT 06095

**IMPORTANT NOTICE TO APPLICANT
(KEEP FOR YOUR RECORDS)**

Fair Credit Reporting Act As part of our normal procedure, an investigative consumer report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, friends, financial sources, neighbors, or others with whom you are acquainted. Such an inquiry typically may include information as to character, general reputation, personal characteristics and mode of living of the person to be insured. You have the right under the law to receive on your written request, disclosures of the nature and scope of an investigative consumer report.

Supplementary Notice of Information Practices VantisLife may need to obtain data about you prior to issuance of insurance. Some data will be obtained from you and some from other sources. That data and any data that is collected at a later date, may in some cases be disclosed to third parties without your specific consent. You have the right of access and correction to data received about you, but, data about a civil or criminal proceeding is excepted. If you would like a more detailed explanation of our information practices, please contact:
Underwriting Department, VantisLife Insurance Company, 200 Day Hill Road, Windsor, CT 06095

VANTISLIFE INSURANCE COMPANY
200 Day Hill Road
Windsor, CT 06095

In the Policy the Owner is referred to as “You” or “Your”; VantisLife Insurance Company is referred to as “We”, “Our”, or “Us”.

This is a legal contract between You and Us. Please read it carefully.

We agree to pay the Beneficiary the Amount of insurance and any other Policy proceeds payable due to the Insured’s death if the Insured dies before the Termination Date while this Policy is in force. Payment will be due upon receipt at our Home Office of due proof of the Insured’s death. If proceeds are not paid within 30 days after due proof of death is received, interest will be paid on the proceeds from the date of death to the date of payment at the rate required by law. This agreement is subject to the terms of the Policy.

Consideration-This Policy is issued in consideration of the application and payment of the premium.

TEN-DAY RIGHT TO EXAMINE POLICY – It is important to Us that You are satisfied with the Policy and that it meets Your insurance goals. Read it carefully. If you are not satisfied with it You may return it to Our Home Office or to Your agent within 10 days after you receive it. We will then cancel it as of the Issue Date and refund any premiums which have been paid, plus interest at a rate required by law in the state in which the policy is issued. This right to examine is extended to 20 days if a replacement of existing insurance is involved.

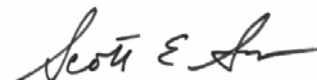
Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

To obtain information or to make further inquiries regarding the contract, You may call Us at 866-826-8471.

Signed for VantisLife Insurance Company at its Home Office, 200 Day Hill Road, Windsor, CT 06095.



President and CEO



Senior Vice President

TERM LIFE INSURANCE

To Age 22

Single Premium

Non-Participating

Convertible as described herein

THE SCHEDULE PAGE

This page shows specific information about this policy and is referred to throughout the policy.

POLICY NUMBER	[028T001111]
NAME OF INSURED	[Jane Smith]
ISSUE AGE	[10]
AMOUNT OF INSURANCE	[\$10,000.00]
TYPE OF POLICY	Single Premium Term to Age 22
AGENCY / SERVICER	[People's Insurance Services]
DATE OF ISSUE	[January 1, 2009]
PREMIUM CLASS	Standard

-----SCHEDULE OF PREMIUMS-----

DESCRIPTION OF BENEFITS

Base Policy	[One premium at time of issue \$110.00]
Termination Date	[03/07/2021]

This policy provides term insurance protection to the insured's 22nd birthday.

DATE: [1/1/09]

ISSUER: VantisLife Insurance Company

SINGLE PREMIUM TERM

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ENDORSEMENTS (if any)	

SECTION 1. POLICY BASICS

OWNER

The original Owner of this policy is named in the attached Insurance application. The Owner may be the person insured or another person or party. While the Insured is living, the Owner can:

- receive any policy benefit or values; and
- exercise any right given by the policy or by us.

The Owner may name contingent Owners in case the Owner dies before the Insured. A numbered sequence may be used to list contingent Owners. At any time, the Owner will be the living Owner with the lowest number. If the last surviving Owner dies, ownership will pass to that Owner's estate or successor.

The Owner may change or transfer ownership at any time. Contingent Owners may also be changed. To make these changes, the Owner must notify us in a written form we approve. The changes will not take effect until we have endorsed them on the policy.

BENEFICIARY

A Beneficiary is any party named on our records to receive insurance proceeds when the Insured dies. The original primary Beneficiary is named in the attached application for this policy.

The Owner may name contingent Beneficiaries.

There may be more than one Beneficiary in a class. If so, those named in a given class share the proceeds equally unless the Owner states otherwise.

The Owner may change the Beneficiary at any time while the Insured is alive. To do this, the Owner must notify us in a written form we approve. The change won't take effect until notice is received and acknowledged by us. The change shall take effect on the date it was signed, provided we have not made any prior payment. Beneficiaries have no rights in this policy until the Insured dies.

A Beneficiary's rights or benefits when the Insured dies are subject to the rights of anyone to whom this policy has been transferred as collateral security.

ISSUE DATE

The issue date is shown on the Schedule Page.

CONTRACT

- the attached application; and
- the policy.

All statements contained in the application shall, in the absence of fraud, be deemed representations and not warranties. No one has the right to change any part of this Policy

or to waive any of its provisions unless the change is approved in writing by Us and signed by one of our officers.

LOST POLICY

The Owner may request a duplicate policy. We may, at our discretion, issue or not issue the duplicate policy. Anyone to whom this policy has been transferred as collateral security must also consent. The duplicate policy would replace this one. This policy would also be void.

OUR RIGHT TO CONTEST CLAIMS

After this policy has been in effect for two years from its issue date during the Insured's lifetime, we can't contest or cancel this policy.

SUICIDE

If the Insured, whether sane or insane, commits suicide within two years from the issue date, we will pay only a limited benefit. The benefit will be limited to the amount of premium paid for this policy.

MISSTATEMENT OF AGE

If the Insured's age has been misstated, the amount payable will be what the premium would have bought had the right age been given. The Insured's age on the issue date means his or her age, last birthday.

SECTION 2. PREMIUM PAYMENT

PREMIUM DUE DATE

The single premium is due on the issue date. It must be paid before any insurance becomes effective under this policy.

The single premium is payable at either the Issuer named on the Policy Face or at the Servicing Bank.

SECTION 3. THE OWNER'S BENEFITS

COLLATERAL SECURITY

The Owner may assign (Transfer) this policy as collateral security for a loan or other obligation. This isn't a transfer of ownership. The rights of any Owner and any Beneficiary will be subject to the terms of the transfer as security. A duplicate copy of the transfer must be filed with us. We are not responsible for the validity of any transfer of this policy.

TERMINATION

This Policy will terminate on the anniversary date following the Insured's 22nd birthday.

CONVERTING THIS POLICY

The Owner may convert this policy on the termination date. The new policy may be any level premium whole life policy we then regularly issue for the amount of insurance being converted. It can't be a modified life policy or one in which the guaranteed death benefit increases. It can't include a disability or other rider unless we agree. We won't require evidence of good health.

The new policy's date of issue will be the same as the termination date. The face amount may not be more than five times the amount of insurance under this policy. The premium will be according to the rate table we then use for the Insured's Risk Class. The Owner or Insured must apply in writing on a form we approve within 31 days of the termination date.

SECTION 4. COMPUTATIONS

Our computations of reserves, present values, and net single premiums under this policy are based on the 2001 Commissioners Standard Ordinary Mortality Tables.

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State: *Arkansas*

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State Tracking Number: *40384*

Company Tracking Number: *CMP SPT09 AR*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.003 Single Life - Single Premium*

Product Name: *CMP SPT09 AR*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	VLIC-125832200	State:	Arkansas
Filing Company:	VantisLife Insurance Company	State Tracking Number:	40384
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Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Certification/Notice	09/25/2008
Comments:		
Attachment:		
AR CERTS.pdf		
	Review Status:	
Satisfied -Name:	Cover Letter	09/25/2008
Comments:		
Attachment:		
AR Cover.pdf		
	Review Status:	
Satisfied -Name:	Transmittal	09/25/2008
Comments:		
Attachment:		
NAICtransmittal.pdf		



CERTIFICATION OF COMPLIANCE

STATE OF ARKANSAS

COMPANY NAME: VantisLife Insurance Company

FORM NUMBER: CMP SPT09 AR

FORM DESCRIPTION: Children's Term Life Insurance Policy

I hereby certify, that the form submitted herewith, complies with all laws, rules, bulletins and published guidelines applicable to the particular type of form.

Diane A. Maestrone, ALHC
AVP, Claims and Compliance

September 25, 2008

Date



CERTIFICATION OF READABILITY

STATE OF ARKANSAS

COMPANY NAME: VantisLife Insurance Company

FORM NUMBER: CMP SPT09 AR

FORM DESCRIPTION: Children's Term Life Insurance Policy

I hereby certify that this form meets the Flesch minimum reading ease test scores.

The readability Flesch score for CMP SPT09 AR is 51.4.

Diane A. Mastrone, ALHC
AVP, Claims and Compliance

September 25, 2008

Date



September 25, 2008

Arkansas Insurance Department
Linda Bird – Life & Health Division
1200 West Third Street
Little Rock, AR 72201

Re: NAIC # 68632
Policy Form Filing
CMP SPT09 AR: - Children's Term Life Insurance Policy

In order to meet the 2001 CSO Mortality requirements effective in year 2009, enclosed please find our filing of the product shown below.

CMP SPT09 AR: Children's Term Life Insurance Policy for ages 0 to 15 years. Additional details of the product are provided in the Actuarial Memorandum.

No Illustrations will be used with this product.

Please be advised that effective January 1, 2009, this policy will replace CMP SPT AR which was approved by your department in August, 2006.

APP 5253 will replace APP 2853 04/06 which was approved by your department August, 2006.

Should you have any questions, please feel free to call me at 860-298-6008 or email me at DMAestrone@vantislife.com.

Sincerely,

Diane A. Maestrone, ALHC
AVP, Claims and Compliance

Encl.

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)

1.	Prepared for the State of	ARKANSAS				
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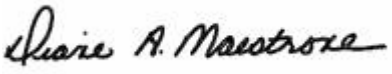
2.	Department Use Only					
	State Tracking ID					

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #
	VantisLife Insurance Company	CT			68632	06-0523876

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Diane A. Maestroni, ALHC AVP, Claims & Compliance VantisLife Insurance Company 200 Day Hill Road Windsor, CT 06095	860-298-6008	860-298-5479	dmaestroni@vantislif.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____		
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6.	Company Tracking Number	CMP SPT09 AR		
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____		
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise		
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	
9.	Type of Insurance	Single Life – Single Premium		
10.	Product Coding Matrix Filing Code	L04L003		

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>			
Print Name <u>Diane A. Maestrono</u>		Title <u>AVP, Claims & Compliance</u>	
		Date: <u>9/25/08</u>	
Signature _____			

17.	Form Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to rate filing company tracking number				
	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Children's Single Premium Term Life Insurance Policy	CMP SPT09 AR	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	CMP SPT IAR
02	Application	APP 5253	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	APP 2853 04/06
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial	

			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1